

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

12790

County of AndersonMunicipality of Blacksburg

In Town of

Registration District No. 302Registered No. 36
(For use of Local Registrar)City of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)Full Name of Child Alvin P. Zully If child is not yet named, make supplemental report as directed

1 SEX OR ONLY Male 4 Twin or Triplet (5) Number in order of birth 2 (6) Sex Parents Married Yes (7) DATE OF BIRTH May 25 1923
(Name of Month) (Day) (Year)

FATHER

1 FULL NAME Alvin P. Zully2 PRESENT POSTOFFICE OF FATHER Blacksburg S.C.3 COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 44 (Year)4 BIRTHPLACE Greenville S.C.5 OCCUPATION Farmer6 Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Daisy Spauld(15) PRESENT POSTOFFICE OF MOTHER Blacksburg S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 41 (Year)(18) BIRTHPLACE Blacksburg S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alvin at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) P. A. Zully (24) State whether, Physician or Midwife Physician (25) Address of Physician or Midwife Blacksburg S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 2 1923 (28) J. R. Watson Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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